Failure of Public Health Programmes

† 1331. SHRI RAJNATH SINGH 'SURYA': Will the Minister of HEALTH AND FAMILY WELFARE be pleased to stale:

(a) whether the major reason for the failure of public health programmes in the country is the neglect of indigenous systems;

(b) if so, steps being taken to make comprehensive use of these systems; and

(c) the obstacles, if any, coming in the way?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) and (b) The Indian Systems of Medicine & Homoeopathy (ISM & H) are already contributing in the delivery of health care services in the country. A number of measures have been taken to make use of the practitioners and the strengths of the Indian Systems of Medicine in a more significant manner:—

* A High Powered Advisory Group has been set up under the Population Commission to mainstream the Indian Systems of Medicine and Homoeopathy for Population stabilization.
* A decision has been taken to include the Ayurvedic and Unani Medicines under the Reproductive Child Health (RCH) Programme.
* The outcome of research done over the last 20 years has been studied to decide on areas where the systems have a definite strength which can be used to advantage for complementing the present medical and public health approach.
* All States, Ministries and Departments of the Government have been encouraged to give opportunities to the employees to avail of ISM treatment on the lines of the Central Government Health Scheme (CGHS) which offers ISM & H treatment.
* Through Confederation of Indian Industry (CH), industry has been encouraged to set up at least one dispensary of Indian system, namely Ayurveda, Unani, Homoeopathy in each industry.
* The concept of starting Speciality Clinics for certain effective therapies of ISM in the general hospital for providing comprehensive care as well as greater choice of treatment has been recommended to

† Original notice of the question was received in Hindi.

the State Governments with particular reference to the use of thePanchakarma and Kshar-Sutra Therapies.

(c) The climate is favourable for giving due place to the ISM & H in the Health Care System.

Indigenous Technology for Detection of Deadly Diseases

1332. SHRI P. PRABHAKAR REDDY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that a package of indigenously developed technology has been developed for early detection of dengue, Japanese encephalitis and the West Nile infection, as reported in the Hindustan Times dated 14th November, 2000;

(b) if so, whether the indigenously developed kit has been in regular use in the Indian hospitals with encouraging results;

(c) whether similar system is likely to be developed for early detection of the deadly disease like HIV/AIDS; and

(d) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) and (b) It has been reported that National Institute of Virology (&JIV), Pune, an institute under the Indian Council of Medical Research (ICMR) has developed an indigenous kit for rapid diagnosis of Japanese Encephalitis, Dengue and West Nile virus infection. The kit has been independently evaluated in different laboratories and found to work satisfactorily. The kit is stated to have been supplied to WHO and other Research/Public Health Laboratories.

(c) and (d) As reported by ICMR, XYTON, Bangalore has developed indigenous HIV 1 and 2 Test Kits which are currently available **in the market.** The kit can detect HIV 1 including Type C.

Opening and Upgradation of Hospitals in Arunachal Pradesh

1333. SHRI NABAM REBIA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the funds have been sanctioned by Government for opening and upgradation of hospitals/ dispensaries in Arunachal Pradesh during the last three years;